

TENNESSEE GENERAL ASSEMBLY  
FISCAL REVIEW COMMITTEE



FISCAL NOTE

SB 1222 - HB 1425

April 22, 2021

**SUMMARY OF BILL:** Creates the *Every Mom Matters Act*. Requires the state to provide a free resource access consultation and requires a pregnant woman to complete the consultation before an abortion, with the exception of a medical emergency. Defines a resource access consultation as a service offered to a pregnant woman that informs her of the availability of a free care plan coordination that can be made for her, free healthy pregnancy program opportunities, assistance for violence, abuse, and neglect victimization, abortion coercion, and human trafficking.

Requires the Department of Health (DOH) to make a free care plan coordination, provided by certain licensed healthcare professionals, available to each pregnant woman who receives a resource access consultation, other pregnant women residing in Tennessee, the biological father of any pregnant woman's unborn child, and the parents or legal guardians of a pregnant minor. Requires the care plan coordination to be available for two years from the date of the initial resource access consultation, regardless of the outcome of the pregnant woman's pregnancy. Specifies that the DOH must prioritize a care plan coordination for women who have completed a resource access consultation.

Requires the DOH to make a healthy pregnancy program available to each pregnant woman who receives a resource access consultation, other pregnant women residing in this state, and the parents or legal guardians of a pregnant minor residing in this state. Requires the healthy pregnancy program be provided by certain licensed healthcare professionals and available until the end of a pregnant woman's pregnancy.

Requires the DOH to employ a sufficient number of care agents to ensure that every woman seeking an abortion in this state receives a resource access consultation as well as the opportunity to receive free care plan coordination and free healthy pregnancy program services. Requires establishment of a single toll-free number, to develop and maintain a secure database that keeps all caller consultations confidential, but maintained for statistical purposes. Requires the statistical data to be reported to the General Assembly by February 1, 2023 and every February 1 thereafter.

Requires the DOH to audit the medical records kept by every physician who performs an abortion, for purposes of compliance with the provision of the proposed legislation. Establishes that any physician and abortion provider found in violation of compliance is jointly liable and subject to a civil penalty of \$5,000 for each abortion performed. Authorizes the Board for Licensing Health Care Facilities to revoke the license of a facility if greater than five percent of medical records audited are out of compliance.

Requires the DOH create a website by January 1, 2022 that describes the services offered by the healthy pregnancy program. For the purposes of implementation, this act takes effect upon becoming a law. For all other purposes, this act takes effect January 1, 2022.

## **ESTIMATED FISCAL IMPACT:**

**Increase State Expenditures – Exceeds \$7,691,900/FY21-22**

**Exceeds \$7,028,600/FY22-23 and Subsequent Years**

### **Assumptions:**

- From 2016 through 2018, there were an average of 80,839 live births and an average of 9,452 abortions per year in Tennessee.
- Passage of the proposed legislation will require every woman considering an abortion to complete a consultation before an abortion can be performed; therefore, it is estimated there will be 9,500 required consultations per year.
- It is reasonably assumed 30 percent or 27,087 [(80,839 live births + 9,452 abortions) x 30.0%] women, fathers of unborn babies, parents and guardians of pregnant minors will utilize the hot line for information purposes for receiving care plan coordination, or a healthy pregnancy program each year.
- Based on information provided by the DOH, the proposed legislation cannot be accommodated within existing resources. The DOH will require 131 additional positions as follows:
  - One Public Health Program Director 3;
  - One Epidemiologist;
  - Four Managed Care Operators;
  - One Managed Care Specialist;
  - One Clinical Application Coordinator 2;
  - Three Public Health Nursing CON 2 positions; and
  - 120 licensed practical nurses as care agents.
- The increase in state expenditures associated with the positions is estimated to exceed \$6,986,584 [(\$4,121,388 salary + \$1,568,296 benefits + \$1,034,900 administrative costs + \$183,400 communications + \$78,600 supplies)].
- The one-time increase in state expenditures associated with the positions is estimated to be \$563,300 [(\$1,600 computer costs + \$2,700 office furniture) x 131 of positions].
- According to information provided by DOH, the required hot-line can be procured for \$42,000 (\$3,500 per month x 12 months) per year.
- Modifications will be required to the REDCap database to accommodate the provisions of the proposed legislation. The one-time estimated increase in expenditures associated with the modifications is estimated to be \$100,000.
- The total increase to state expenditures is estimated to exceed \$7,691,884 (\$6,986,584 positions + \$563,300 one-time cost + \$100,000 database + \$42,000 hot-line) in FY21-22.
- The total recurring increase in state expenditures is estimated to exceed \$7,028,584 [(\$6,986,584 positions + \$42,000 hot-line)] in FY22-23 and subsequent years.

- The Board for Licensing Health Care Facilities can accommodate any disciplinary actions within existing procedures without any additional resources; therefore, the provisions of the proposed legislation will not result in a significant impact to the board.
- The Board for Licensing Health Care Facilities (HCF) may impose fees to offset a portion or all of the incurred expenditures as a result of the proposed legislation; however, such Board is not required to be self-supporting. All fees collected by the Board are deposited by the DOH with the State Treasurer to the credit of the General Fund and shall be expended by the Department and included in the appropriation made for the Board in the General Appropriations Act. The HCF Board had a net surplus of \$47,600 in FY18-19 and a net surplus of \$259,145 in FY19-20.

**CERTIFICATION:**

The information contained herein is true and correct to the best of my knowledge.

A handwritten signature in black ink that reads "Krista Lee Carsner". The signature is written in a cursive, flowing style.

Krista Lee Carsner, Executive Director

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